

**APPROVED**  
**11.21.24**



# GEORGIA TRAUMA COMMISSION

## Georgia Trauma Commission Meeting Minutes

Thursday, August 15, 2024

9:00 AM – 12:00 PM

City of Madison Meeting Hall

Madison, Georgia

Meeting Recording: <https://www.youtube.com/watch?v=X2ZAWyK8Cuc>

Meeting Attachments: [trauma.ga.gov](https://trauma.ga.gov)

### COMMISSION MEMBERS PRESENT

Dr. Dennis Ashley, Chairman  
Dr. James Dunne, Vice-Chairman  
Dr. Regina Medeiros, Secretary-Treasurer  
Dr. John Bleacher  
Mr. Terry Cobb  
Mr. Pete Quinones via Zoom  
Dr. James "J" Smith  
Dr. S. Rob Todd

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING	ATTENDING
Kelli Vaughn	Archbold, TPM	Virtual
Tracy Johns	Atrium Health Navicent, TPM	Virtual
Kristal Smith	Atrium Health Navicent/R5RTAC, Trauma Injury Prevention and Outreach Coordinator	Virtual
Alicia Register	Crisp Regional, TMD	Virtual
Christopher Ruiz	DHOA, VP of Trauma Service	Virtual
Courtney Pettiford	Doctors Hospital of Augusta, TMD	Virtual
Michael Johnson	DPH OEMST, Director	In Person
Kelly Joiner	DPH OEMST, Deputy Director	Virtual
Stacee Smiith	DPH OEMST, State Trauma Coordinator	In Person
Lynn Grant	Fairview Park Hospital, TPD	Virtual
Ryann Miller	Georgia Hospital Association, Director of Legislative Affairs	Virtual
Cheryle Ward	Georgia Trauma Foundation, Executive Director	Virtual
Rebecca Gaskins	Grady, Director of Trauma Programs	Virtual
Pamela Vanderberg	Grady Memorial Hospital, VP, Trauma and Burn Services	Virtual
Mary Beth Goodwin	JDAMH, Trauma PI Coordinator	Virtual
Danielle Johnson	Kennestone and RTAC3, Coordinator	Virtual
John Harvey	MAG MRC, Medical Director	In Person
Fred Jones	MAG MRC, Program Coordinator	In Person
Matthew Vassy	Northeast Georgia Medical Center, TMD	In Person
Marie Probst	Oemst, State Trauma Registrar	In Person

STAFF MEMBERS & OTHERS SIGNING IN	REPRESENTING	ATTENDING
Brandi Fitzgerald	Phoebe Putney Memorial Hospital, TPM	Virtual
Scott Stephens	Region 1, RTAC Coordinator	Virtual
Brian Dorriety	Region 7, RTAC Coordinator	Virtual
Ford Vox	Shepherd Center	Virtual
Kevin Hord	Wellstar Paulding, TMD	Virtual
Susan Baldrige	Wellstar Spalding, TPM	Virtual
Rachel Hand	Wellstar West Ga Medical Center, Trauma Program Manager	Virtual
Kerry Carter	Wellstar Paulding, TPM	Virtual

**CALL TO ORDER (00:00:06)**

Dr. Dennis Ashley called the meeting to order at 9:00 AM, with eight Commission members present.

**CHAIRMAN REPORT (00:00:22)**

***Presented by Dr. Dennis Ashley***

We completed last year’s budget, and I’d like to recognize Dr. Medeiros, who led the Budget Committee, and Katie for all their hard work. The 2025 legislative session is approaching, and the Budget Committee has already started preparing for FY 2026.

Two manuscripts, "*The Economic Impact of Decreasing State Trauma Mortality on Lifetime Personal Income and State Tax Revenue*" and "*Impact of American College of Surgeons Trauma Verification on a Statewide Quality Collaborative*," were accepted for oral presentation at the 83rd annual meeting of the American Association for the Surgery of Trauma (AAST) in Las Vegas on September 11, 2024. This year, the AAST is being held with the World Trauma Congress, and our Executive Director, Liz Atkins, will present two talks on the nursing track.

As Liz and I worked on the manuscripts, we realized these two papers mark the 11th and 12th papers on the Georgia Trauma System:

- 4 in Journal of Trauma and Acute Care Surgery
- 4 in American Surgeon
- 1 in Journal American College of Surgeons
- 1 in Trauma Surg Acute Care Open

We publish under the Georgia Research Institute for Trauma (GRIT), comprised of every Trauma Medical Director and Trauma Program Manager, Level I through IV. Liz Atkins has the list of papers if you’d like to add them to your curriculum vitae.

Dr. Ashley concluded his report by thanking all the volunteers, Committee Chairs, and over 200 stakeholders. We are thankful for all our volunteers' help in improving trauma care in Georgia. To Commission members, we are looking to reassign Committee appointments. Please let me know if you wish to join or withdraw from a specific Committee.

**APPROVAL OF MEETING MINUTES (00:07:00)**

*Presented by Dr. Dennis Ashley*

Dr. Ashley requested a motion to approve the May meeting minutes, pgs. 3-14.

**MOTION GTCNC 2024-08-01:**

**Motion to approve May 22, 2024 meeting minutes as submitted**

**MOTION BY:** John Bleacher

**SECOND BY:** Regina Medeiros

**VOTING:** All members are in favor of the motion.

**ACTION:** The motion **PASSED** with no objections nor abstentions.

**EXECUTIVE DIRECTOR REPORT (00:07:24)**

*Presented by Liz Atkins*

Liz Atkins referenced the full report on **pages 15-25**, which provides a high-level overview of the progression of our key initiatives over the last quarter.

- Gabby has developed an operations tracking system to improve the efficiency of the Georgia Trauma Commission’s processes. There is now a comprehensive repository for performance monitoring, tracking contract execution, invoice processing, and the Stop the Bleed program. This system is regularly reviewed and helps address issues promptly.

A question was raised of who is cutting the payment checks to contractors. Liz explained that facilitating payments is a multi-step process that involves Gabby, Katie, Liz, and the Department of Public Health (DPH) Accounts Payable. Our administrative attachment to DPH provides the Commission with the necessary procurement and HR infrastructure.

- We are preparing for the upcoming 2025 legislative session. Meetings with key stakeholders, including the Senate Budget Analyst, have already begun. The Commission has been informed that the Office of Planning and Budget (OPB) will start meetings with state agency heads in September. This year, OPB uses a zero-based budgeting approach, requiring the Commission to justify every dollar of its dedicated funding.
- A comprehensive rural needs assessment revealed significant challenges in patient movement and access to trauma care. The Commission is planning a follow-up meeting in November with stakeholders to develop interventions, particularly in education, to address these issues.
- A webinar is scheduled to help improve hospital finance practices. It will focus on optimizing revenue capture for trauma activations. The Trauma Center Association of America’s (TCAA) Valerie Rinkle will host the webinar on Monday, August 19<sup>th</sup>, at 1:30 PM.
- The Registry Start-Up Grants are still progressing, with two applicants already in process.
- We are working on transitioning Performance-Based Pay (PBP) to tiered metrics to mitigate the historical all-or-none approach. In the future, trauma centers will receive a portion of PBP credit for select criteria based on fulfillment tiers. It was highlighted that finance metrics related to trauma activation fees might be incorporated into the PBP program, focusing on improving claim success rates and understanding payer behaviors regarding fee denials.

The Executive Director concluded by reminding the audience about the next Commission meeting in Cordele, Georgia, which will coincide with National Rural Health Day on November 21, 2024.

Liz Atkins asked Crystal Shelnett to provide the RTAC updates and noted the Regional RTAC reports have moved to the front of the packet for review (pg. 26-58):

- Redevelopment efforts are ongoing in Region 9. Crystal Shelnett is serving as interim RTAC Coordinator. Positive momentum is building in the region. The process for identifying the Chair, Vice-Chair, and Coordinator is underway, with virtual meetings expected to commence next month.
- Five RTACs are actively working on prehospital blood initiatives, with Regions 2 and 10 already deploying plasma and whole blood in the field. The other three regions are addressing supply chain logistics and financing. Most RTAC Coordinators have either established or are developing trauma conferences. The Region 1 conference is upcoming, and Region 4 is planning a conference in October, incorporating feedback from the educational needs assessment conducted last year.
- 2,109 kit requests were received during the July application period, mostly from schools and buses, followed by colleges, universities, law enforcement, and other government agencies. The completion rate for school kit distribution stands at 99%, and school buses have reached 92.5%. Nine successful deployments of kits were reported in the last six months, including two in schools and seven by law enforcement.

Commission members discussed the expanded Stop the Bleed program. Crystal noted the high acceptance and increasing requests for training among law enforcement. There was an emphasis on the need for a streamlined reporting process to track the deployment and effectiveness of the kits. Dr. Ashley proposed creating a survey to gather data on the program's impact. The possibility of creating a dedicated tab on the Stop the Bleed website for reporting kit usage was discussed. From a legislative standpoint, we could report how many lives were saved and the location of injury. Crystal will develop a streamlined reporting process for Stop the Bleed kit usage and saves.

Crystal confirmed a Stop the Bleed program budget would be needed to continue funding kit distribution. Dr. Medeiros requested that the Stop the Bleed program budget proposal be submitted to the Finance and Budget Committee for program sustainability.

- The RTAC coordinators will distribute the upcoming annual education needs assessment due by the end of March. The goal is to gather comprehensive data to ensure that EMS education initiatives effectively address any existing gaps.
- The first hybrid RTAC chair and coordinators meeting was held on June 18<sup>th</sup> with excellent participation. The group discussed opportunities for collaboration, particularly in areas like blood products. The consensus was to hold the next meeting in person in February to enhance engagement further.

#### **FINANCE & BUDGET COMMITTEE REPORT (00:39:17)**

***Presented by Dr. Regina Medeiros and Katie Vaughan***

Dr. Regina Medeiros began the report by emphasizing the importance of transparency in the budgetary process. Today's report will include FY 2024 closeout summaries. Thank you to Katie and Gabby for helping manage the budgetary details. Before the summary reports, the Commission will need to vote on the working draft of the FY 2026 budget (pg. 67). We must submit a proposed working budget in September. The budget is consistent with the previous fiscal year. Dr. Dunne asked about the availability of funds for injury prevention efforts, highlighting that these programs were not currently funded. Dr. Medeiros clarified there are reserve funds, and the Commission could entertain proposals for additional yearly expenditures, including injury prevention projects.

**MOTION BY: GTC Budget Committee**  
**MOTION GTCNC 2024-08-02:**  
**Motion to approve the FY 2026 Working Draft Budget**

**MOTION BY:** Budget Committee  
**VOTING:** All members are in favor of the motion.  
**ACTION:** The motion **PASSED** with one objection and no abstentions.

Katie Vaughan continued the Finance and Budget Committee report by reviewing the approved FY 2025 budget on pages 57-66. The documents included a detailed departmentalized budget breakdown, which allows Commission members to see each line item and how funds are allocated and spent through the fiscal year.

Most of the discussion revolved around various funding sources, including the Trauma Care Trust Fund, primarily supported by super speeder revenue. It was clarified the reinstatement fees go into state funds. Katie noted the fireworks revenue was not included in the current budget numbers as they receive those funds later in the fiscal year.

Kaite confirmed that the State's \$4 million one-time stabilization fund was added to the trauma center budget. It was highlighted that the \$4 million infusion was a one-time instance and is not expected next year. The trauma center allocations on page 66 were calculated using the newly approved funding formula, which increased funding to Level III and IV Trauma Centers.

The Commission reviewed the budget closeout summary (**pg.69-81**), detailing expenses against the budget for FY 2024. It was noted that the reallocated funds, which included AVLS maintenance, AVLS airtime support, increased trauma center readiness, and one-time funding for unfunded centers, were already voted on during the May meeting. \$229 in state funds are set to be returned to the Treasury. The remaining trust funds were set aside for registry start-up grants, which will roll over to the next fiscal year.

The performance-based payment summary (**pgs. 82-91**) for FY 2024 was discussed, with details provided on the distribution percentages for different trauma center levels. Meeting attendance was identified as the most frequently unmet criterion, and the Commission is considering changes for FY 2026 to address the challenges centers face in meeting attendance requirements.

The open purchase order summary (**pgs. 92-93**) was reviewed, noting that the list is much cleaner. Efforts are ongoing to close out older purchase orders by the end of the calendar year. Dr. Smith questioned the potential risks associated with open purchase orders. It was emphasized that these are considered “dollars at risk” as the OPB can close out purchase orders without activity, resulting in funds being returned to the Treasury. The Arbormetrix purchase order was discussed. It was noted that OBP approved the purchase order as a multi-year project. The Georgia Trauma Commission staff assured that these are being monitored closely to avoid unnecessary loss of funds.

The Super Speeder revenue was reviewed (**pgs. 94-97**), noting a 5% increase from the previous year. It was clarified the funds are based on when fines are paid, not when the ticket is issued. Dr. Smith inquired how many Super Speeder fines were paid by Georgia residents. Katie confirmed she could find out.

Lastly, Katie advised that the trust fund statement (**pgs. 98-99**) is included in the packet for reference. DPH handles withdrawals to cover expenses.

### **EMS COMMITTEE REPORT (01:04:32)**

#### ***Presented by Terry Cobb***

Terry Cobb presented on behalf of Courtney Terwilliger the following updates:

- The Committee reviewed the spending plan and removed the monies for the Public information project. These funds were used to increase the number of mental health classes to ten (one per region) and increase the funding for EMT and AEMT classes.
- We are working with an education platform that will provide testing solutions for the classes we support. Each class will be required to utilize the standardized module test. We will monitor these scores to identify the programs with difficulty early on. We have added additional funding to help support the extra hours for the EMT and AEMT classes.
- We have added the ability for each service to request temperature probes to monitor the temperature in their units. These probes automatically connect with the AVLS system and alert when the temperature exceeds a set level. They can be used for blood storage, medication storage, or both. These devices are provided at no cost to the service.
- We continue to examine the EMS equipment grant opportunity to ensure that it meets the needs of trauma patients and is distributed appropriately.
- We have received the data from the study provided by the State Office of Rural Health and the Mercer Rural Innovation Center. These results are available. We will work to focus on areas with specific issues to determine needs. We have received information that the next legislative session may provide the funding for the transportation study.
- The EMS recruitment tool has been finished, and we have had a formal report. It appears to have been very successful. At this point, the next part of that project has not been funded as we review how this project should be funded.
- Mr. Jim Adkins is working with the Governor's Office of Highway Safety and the Georgia DOT to evaluate the placement of the blue hospital signs designed to help motorists find the nearest hospital. The group voted to support this work.

Natalie Lee, the Deputy Geospatial Information Officer for the State of Georgia, presented an overview of geospatial data analysis related to GTC-funded EMS course registration and attendance for various training programs across the state. The presentation provided insights into where training courses are being held, where participants are traveling from, and how this data could inform future course locations and outreach efforts.

Natalie reviewed the methodology used to create the maps (**pgs.102-119**), which were generated based on data collected during course registration, including participants' home and professional addresses and details about the courses they attended. Natalie noted challenges in processing registration data, noting that the data quality varied depending on how carefully participants entered their information.

Various maps were presented to the Commission, each representing courses such as Auto Extrication, Axioms of Leadership, EMS Instructor, and EMR/EMT courses. Natalie recommended that the Commission consider using a QR code-based survey system, Survey123, for real-time, geospatially enabled data collection during registration. This approach would help ensure cleaner data, reducing the need for post-registration data correction. The survey system would also enable ongoing monitoring of course registrations, allowing for more targeted outreach if a course is under-enrolled.

Concerns were raised about the distribution of educational resources and whether courses are accessible in all regions. A systematic approach is needed to identify where courses should be offered and how to improve attendance. It was noted that 3,000 individuals attended various courses over two years, with a significant portion participating in trauma skills labs. This raised a critical question about the sufficiency of available EMT and paramedic education, considering the need for more trained personnel in the field. Discussion ensued on whether the attendance figure was acceptable in light of the reported 26,000 EMT and paramedic providers in the state, with 60% working in the field. Commission members acknowledged the workforce shortage and expressed the need for a robust education framework to address this issue. Dr. Ashley praised the mapping of the GTC-funded courses and the statewide distribution. Dr. Ashley requested Terry and Courtney to ask the EMS Committee if there are any gaps in educational courses, are the courses offered in the right locations, are we providing what the workforce wants, and is more funding is needed. Dr. Dunne added it would be interesting to review barriers to attendance. Are they too busy to attend these courses, or is it due to location?

Dr. Ashley suggested surveying the state to understand the needs of EMS providers better. Crystal Shelnuttt proposed utilizing the RTAC educational needs assessment data for EMS educational programs. The idea was to survey providers to understand barriers to attendance. It was noted that the RTACs could enhance the assessment process and aid in developing relevant educational content. Dr. Ashley agreed that the RTACs and the EMS Committee should collaborate on the educational assessment.

Dr. Todd asked if there is a place where course offerings are listed. Terry confirmed that GEMSA is contracted to facilitate the courses. Crystal advised GEMSA sends the course offerings to its member list and suggested that the RTAC Coordinators could help distribute the information through their own distribution list.

The Commission discussed the importance of working with the RTAC to leverage the data collected to develop relevant course offerings. Academic partnerships were considered to enhance educational offerings, potentially involving students from local universities to assist in data analysis. Crystal added that with Gina's help, the Commission can review registry data to see if what providers request is based on necessity.

Crystal noted that the RTAC educational needs assessment could help gather information regarding workforce shortages. The survey is planned to be sent to EMS Directors, Educators, and Providers to determine barriers.

Dr. Ashley requested that Dr. Regina Medeiros, Dr. S. Rob Todd, Terry Cobb, Courtney Terwilliger, Natalie Lee, and Crystal Shelnuttt meet to refine the educational needs assessment and determine the next steps. Dr. Todd inquired if any other states have a similar EMS education program, and reviewing how many out-of-state students are taking GTC-funded courses would be interesting. Crystal confirmed she could find out that information.

### LIII/IV COMMITTEE REPORT (01:34:48)

#### *Presented by Dr. Alicia Register*

Dr. Alicia Register referenced the report on **page 120**:

- The team is currently organizing the best way to present the MARCH PAWS PowerPoint and didactic portion. Ongoing discussions and logistics are being worked out to finalize the presentation structure.
- The Rural and Non-Trauma Resource Demographic Survey was disseminated to trauma centers and facilities with emergency rooms in rural areas. The survey had a strong response rate and provided valuable data, revealing gaps, challenges, and opportunities for improvement in trauma patient care across both designated and non-designated centers. A webinar to discuss further action related to this project is planned.
- Level III/IV PI Process and Mentorship group meets monthly. The group provides a platform for sharing insights and lessons learned from the American College of Surgeons (ACS) consult visits. This approach aims to ensure all centers can benefit from shared experiences, thus avoiding working in silos and enhancing the success of future ACS visits.

Dr. Ashley commended the Committee's great work. He emphasized the importance of concluding the MARCH PAWS initiative within the next couple of months to close out the current purchase order.

### GEORGIA COMMITTEE FOR TRAUMA EXCELLENCE (GCTE) REPORT (01:15:00)

#### *Presented by Lynn Grant*

Lynn Grant referenced the report on **pages 121-122** for the Georgia Committee for Trauma Excellence.

- The Pediatric Subcommittee actively collaborates with the Trauma centers to enhance pediatric trauma education. The Pediatric Transfer Toolkit remains under development, with contributions from various centers to ensure the best practices are combined. The first draft is expected soon.
- Karrie Page has been accepted as co-chair for the Injury Prevention and Outreach Subcommittee alongside Kristal Smith. The Subcommittee successfully conducted the Georgia Trauma Systems' National Stop the Bleed Day webinar on May 23, which saw the participation of over 300 attendees. They recently concluded a back-to-school training blitz with more than 1,500 registrants. The Georgia Stay Safe program held a webinar in June with over 40 attendees. The Subcommittee is now gearing up for the Georgia Falls Free Fridays in September, a series of webinars aimed at fall prevention.
- The Education Subcommittee has completed the first draft of the Trauma Program Manager Toolkit, which has been sent to stakeholders for review. The comprehensive toolkit offers a wealth of resources and information invaluable to new Trauma Program Managers. The final version is expected to be disseminated by October 1<sup>st</sup>. The Subcommittee is also working on the Essential Trauma Nursing Skills project to support nurses in non-trauma centers. The project will include a poster and PowerPoint presentation to be completed by November 1<sup>st</sup>.
- The PI Subcommittee is focused on standardizing statewide timelines for definitive care. They are determining timeframes for emergency and urgent transfers and defining criteria for categorizing these transfers. Input from the Trauma Medical Directors group is anticipated to refine these criteria.
- The Registry Subcommittee has reviewed the required registration education, including the new TQIP module. They are currently establishing a registration to facilitate the virtual AIS 15 course update, which will be mandatory on January 1, 2025.

Lynn proposed a funding request on behalf of the Georgia Committee for Trauma Excellence to cover the expense of printing the Pediatric Transfer Toolkit and associated posters for dissemination to non-trauma facilities. Dr.



Medeiros requested a detailed proposal for the Budget and Finance Committee review, including the costs and distribution plans.

Dr. Dunne shared that preliminary data regarding time to definitive care, collected from Regions 5 and 9, could help establish benchmark times for patient transfers. The data, which includes approximately 1,800 patients, could be crucial for defining standards at the state level. We could potentially determine emergent versus urgent, but the TMD group could further define that. Dr. Medeiros added that all the Wellstar facilities are also looking at their own transfer data. Dr. Ashley noted that the first draft of Regions 5 and 9 analysis will be available at the next Commission meeting. Dr. Ashley requested their project team share the Region 5 and Region 9 time to definitive care data collection template with Dr. Regina Medeiros.

Commission members discussed the need for consensus on defining critical and non-critical patient transfers, which would enable the development of a standardized timeframe to improve data comparability across different regions.

Dr. Dunne commended the DPH Office of EMS and Trauma for locating the first trip reports from the scene to the first hospital. However, the system must be improved to help centers find and pull the EMS data.

#### **TRAUMA ADMINISTRATORS COMMITTEE REPORT**

*Deferred*

#### **REHABILITATION COMMITTEE REPORT (01:50:28):**

*Presented by Dr. Ford Vox and Dr. Raeda Anderson*

Dr. Ford Vox began his report by thanking the Commission for approving funding for data scientist support. He then introduced Dr. Anderson, who had already started analyzing the data provided. The Committee's last meeting focused on preliminary data analysis, including geographic and statistical modeling, which is beginning to yield insights into discharge locations and other key areas.

Dr. Anderson added that the initial analysis of patient demographics, injury locations, hospital day duration, and discharge locations has been completed. Specific subgroups for further analysis have been identified with guidance from the Rehabilitation Committee. The next steps involved conducting subgroup analyses to explore patient demographics and hospital experiences at a more granular level. Dr. Anderson conveyed optimism about the current state of the work and progress.

Dr. Dunne inquired about the availability of physiatrists across the state, noting the importance of early rehabilitation from admission. Dr. Vox advised that, based on experience, less than one in four patients arrive at rehabilitation centers with prior physiatrist consultation. He acknowledged the potential of improving this area and mentioned the Committee has started surveying rehabilitation resources and perceptions, which could include questions about the availability of physiatrist consultations.

Dr. Anderson noted she had not found a specific data indicator for physiatrist involvement but will continue to review the data to identify relevant data.

## **TRAUMA SYSTEM PERFORMANCE COMMITTEE REPORT (01:59:01)**

### ***Presented by Dr. James Dunne***

Dr. James Dunne provided the following updates, which are referenced on **pg. 123**:

- Thank you to Marie and Gina for their ongoing efforts to manage the mapping issues between ESO and Imagetrend. Trauma center data from ESO is now successfully flowing into ImageTrend with a few new data fields.
- We have made significant strides with our time to a definitive care project, with a focus on analyzing trauma care in Macon and Savannah. Approximately 1,800 patients have been included in this study. Data collection is expected to conclude by late August or early September, with analysis to follow. The results will be presented at the November Commission meeting. The data includes detailed time logs from the moment of injury to the final hospital arrival, providing a comprehensive overview of trauma care timelines.
- The University of Georgia is exploring using claims data to supplement the trauma registry data. The team plans to continue working with Dr. Thapa to explore questions that could be addressed with this data set.
- The GQIP and state datasets will be aligned with the National Trauma Data Bank (NTDB) standards by 2025. This alignment is crucial to ensuring consistency across all trauma data collected in the state.

Dr. Bleacher inquired if there were plans to expand the time to definitive care study to other regions. Dr. Dunne raised concerns about the challenges in expanding the definitive care analysis to other regions, emphasizing the difficulty in acquiring data from the EMS systems. A significant issue has been retrieving initial trip reports from GEMSIS, with a low percentage of reports successfully entered into the registry. The discussion highlighted the need for improved data entry processed for EMS reports, possibly through automation, to reduce human error. The DPH OEMST's support was imperative in overcoming these challenges, but the process remains labor-intensive. Dr. Dunne advised that the next step would be to make this a statewide study. Dr. Ashley said they are happy to share their template with anyone interested. Dr. Dunne shared that one of the lessons learned is that there was difficulty in identifying patients who arrived at the first hospital via POV rather than EMS, which skewed the data.

Commission members expressed optimism about the progress made and the potential for future improvements in trauma care across the state.

## **TRAUMA MEDICAL DIRECTORS COMMITTEE REPORT (01:56:22)**

### ***Presented by Dr. Matthew Vaassy***

The Committee held its first in-person meeting in May, and the Committee was able to accomplish a few key objectives:

- A smaller workgroup was established to revise and redistribute the early transfer guidelines. We are optimistic about finalizing the updates soon.
- The Committee made recommendations regarding approved items for purchase for EMS services using Commission funding. A particular emphasis was placed on including prehospital blood administration equipment, which remains a barrier to expansion in some regions.

Dr. Vassy emphasized the importance of ensuring EMS agencies are adequately equipped to provide safe blood product administration.

The Committee engaged in a robust discussion about the appropriate technique for needle decompression in cases of tension pneumothorax. Most of the data supports the lateral approach, which is currently recommended by ATLS and PHTLS guidelines. The Trauma Medical Directors Committee plans to draft a letter to EMSMDAC to formalize

its position, emphasizing the importance of adhering to evidence-based practices unless new data suggests otherwise.

Richard Rhodes clarified that the recommendation came from the EMSMDAC Scope of Practice Subcommittee and will be up for vote at the next meeting on October 15th at 10:00 AM. Dr. Nix spearheaded the recommendation from his personal practice of finding liver lacerations with the lateral approach. Richard Rhodes offered to connect Dr. Vassy with Dr. Nix, who recommended updating the needle decompression approach.

Dr. Ashley suggested improved communication and collaboration between the Trauma Medical Directors Committee and the EMSMDAC, especially when working on overlapping issues. A liaison between the two Committees was discussed to ensure relevant information is shared effectively.

Dr. Vassy concluded the report by offering his assistance to the GCTE group if they needed help with the transfer recommendations. He noted that the next TMD meeting is scheduled for August 20th with the GQIP meeting.

## SYSTEM PARTNER REPORTS

### GEORGIA TRAUMA FOUNDATION REPORT (02:28:22)

*Presented by Dr. John Bleacher*

Dr. John Bleacher referenced the report on **pages 126-129**.

- In June, the Georgia Trauma Foundation board engaged a consultant specializing in nonprofit leadership to assist in revising the mission, vision, and strategic plans.
- The Foundation raised over \$110,000 in the past fiscal year through various initiatives, including Georgia Gives and the Porche Experience Center fundraiser.
- The Foundation looks forward to awarding eight grants of up to \$10,000 each. The application period is September 1 to October 31<sup>st</sup>. Information will be available on the website by the end of the month. All trauma stakeholders are encouraged to apply, focusing on projects aligned with the Commission's mission. We will rank and award the applications at the start of the next calendar year. The Foundation has also considered matching the funds if a project already receives funds from another organization.
- Our first year of the continuing rural education initiative resulted in 20 courses, 250 students, and 2,690 classroom hours.
- The board is currently comprised of members from eight of the ten regions in the state. Efforts will continue to recruit members from the remaining regions, particularly Regions 4 and 8. Dr. Bleacher emphasized that while the geographic representative is considered, the board also evaluates candidates based on their skills and contributions.

Questions were raised regarding the \$110,000 raised last year, specifically whether this amount reflected net profits or gross revenue. Dr. Bleacher assured that it was a net profit. Dr. Dunne asked if the Foundation needed anything from the Commission. Dr. Bleacher emphasized guidance on what projects the Commission finds important to fund.

Dr. Ashley requested the Budget Committee and Crystal Shelnut, with the RTAC perspective, to come up with five potential projects, one to two long-term and a couple of short-term wins, and bring them back to the November Commission meeting to discuss. The Foundation can then take it back to the board to see if those recommendations are feasible.

## GEORGIA QUALITY IMPROVEMENT REPORT (02:42:38)

*Presented by Gina Solomon*

Gina Solomon provided a brief update and referenced the report on **pages 130-136**.

- The VTE workgroup held its first meeting and is scheduled to meet again tomorrow. The primary focus is to develop a VTE prophylaxis guideline similar to previous multimodal guidelines. Additionally, Luke will analyze VTE data collected from GQIP centers, which will be integrated into ArborMetrix for further analysis.
- The first quarter of 2024 data has been loaded into ArborMetrix and is now accessible. The second quarter will be submitted soon. Dr. Medeiros encouraged centers to use the ArborMetrix platform to assist with data validation and improvement projects. Gina Solomon noted new filters are being developed to enhance data usability.
- GQIP has received its official letter designating it as a Patient Safety Organization (PSO). This designation allows GQIP to operate nationally, a significant milestone as only three PSOs are registered in Georgia.
- A virtual call is scheduled for August 20<sup>th</sup>. The next in-person meeting in Cordele is scheduled for November 20<sup>th</sup>, featuring a modified format focusing on case reviews and data analysis. A tentative date for the Winter meeting in February at Callaway Gardens is under consideration.

A question was raised regarding the lack of risk-adjusted data. Dr. Todd explained that they have contacted the Michigan Trauma Quality Improvement Program (MTQIP) for guidance on developing a risk-adjustment model. The aim is to ensure the accuracy and comparability of data, especially for smaller facilities. It was noted that Dr. Hemmla gave Michigan the initial items to risk-adjust, and then ArborMetrix continued to review afterward. Dr. Ashley expressed eagerness to proceed with the Michigan risk-adjusted model and supported implementation within 30 days.

### **MOTION GTCNC 2024-08-03:**

**Motion to implement the Michigan risk-adjusted model within 30 days into our system.**

**MOTION BY:** Dennis Ashley

**SECOND BY:** James Dunne

**VOTING:** All members are in favor of the motion.

**ACTION:** The motion **PASSED** with no objections nor abstentions.

Dr. Ashley noted that with the motion, GQIP can determine the timeframe and funds needed to implement the model. We can determine if we need to change the risk adjustment in the future, but we need to start somewhere.

## OFFICE OF EMS AND TRAUMA (OEMST) REPORT (03:04:58)

*Presented by Stacey Smith*

Stacey Smith reviewed their report on **pages 137-138**.

- We have diligently worked to get Level IV redesignations back on track, which had been delayed due to the COVID-19 pandemic. Four consults have been completed, with two more scheduled. Two successful redesignations, including Effingham, have been completed. We aim to complete three more redesignations by the end of the year.

- Marie Probst and Gina Solomon have conducted 12 Quality Assurance data sessions with trauma facilities, with plans to continue on a monthly basis. These sessions ensure accurate data entry and help facilities successfully upload data to the state and national databases, including GQIP and TQIP. Interested centers may contact Marie or Gina to schedule sessions.
- The Imagetrend registry data from 2021 to 2024 Q1 has been uploaded to Biospatial, and work continues for the 2024 calendar year. Dr. Danlin Luo has confirmed that the 2023 Annual Report will be published in August and available on the DPH OEMST website.
- The data dictionary and schema for 2025 are in preparation, pending the release of the ACS National Trauma Database Data Dictionary. The 2025 Georgia trauma registry criteria will be aligned with the 2025 National trauma criteria to ensure the state's data comparability nationally. The GCTE Registry Subcommittee and the GTC Trauma System Performance Committee have agreed on this alignment.
- 2025 Annual registry maintenance includes updating the facility and EMS provider IDs for the new ESO registry platform. The plan is to adopt the National Provider Numbers for both sets of providers to align with OEMST and national databases. This will be a transition from homegrown Georgia-assigned numbers. Grady Memorial Hospital is the test center for the new ESO platform.
- We are collaborating with the GTC EMS Committee to verify vehicle counts for the upcoming equipment grants. Additionally, we are working with Liz Atkins and Courtney Terwilliger on identifying trauma hospitals and EMS locations across the state for air and ground transportation.
- The OEMST has helped the Commission select a testing software vendor for GTC-funded EMS initial education courses. Crystal has created a unique and validated test bank, which DPH OEMST has reviewed to ensure appropriateness and difficulty.

A question was raised regarding the State's revision of EMS rules, particularly concerning changes to provider designation protocols. Michael Johnson advised that revisions are ongoing, and another open comment period will be scheduled for September or October.

### **MAG MEDICAL RESERVE CORP ANNUAL REPORT (03:12:10)**

***Presented by Dr. John Harvey***

Dr. John Harvey provided an overview of the MAG MRC annual report (pgs. 139-149). MAG MRC has provided a decade-long contribution to state-level disaster response, including significant involvement during the COVID-19 pandemic. The program's effectiveness is made possible by the support provided by the Commission.

- Disaster response is an integral part of the MAG MRC's work. While it is a smaller aspect of our responsibilities, it remains crucial, particularly in ensuring the effectiveness of the state's trauma system. There have been minimal deployments for the year. DPH requested physician support during the recent hurricane response. MAG MRC successfully provided a roster of physicians available for consultation at public health shelters.
- Additionally, we are involved in educational training, including active shooter training and handling weapons of mass destruction.
- MAG MRC showcased its training efforts, including a deployment drill conducted during the State's Cotton Fair. The drill featured various assets, including a K9 team, emphasizing the comprehensive nature of preparedness training.
- The annual budget is included for review on page 149, which highlights the financial support essential for MAG MRC operations and training efforts. The importance of this support was underscored, noting that it allows MAG MRC to operate independently and effectively within the state.

A new initiative was discussed, focusing on combined medical training for civilian trauma centers and military personnel. Although initially hesitant to commit to specific deliverables, Dr. Harvey expressed optimism about the initiative, highlighting significant progress made in establishing high-level contacts with the military. The initiative will align with the ACS's goal of enhancing the state trauma systems by integrating military resources with civilian trauma centers. General Wilson, the new two-star tag, agreed to explore this integration of training programs such as Stop the Bleed and ATLS within trauma centers. MAG MRC is willing to facilitate a meeting between individuals at trauma centers and other relevant agencies to ensure effective collaboration.

Commission members praised Dr. Harvey's work, acknowledging the complexity of the task and the value of the information gathered. As a next step, the idea of more structured collaboration, possibly through codified policies, was introduced. Dr. Harvey proposed exploring low-hanging fruit, such as reciprocity agreements between civilian and military surgeons, to facilitate smoother exchanges and training opportunities.

Discussion shifted to specific areas of need with emphasis on trauma nurse training. A potential win-win was noted where military nurses could receive high-level trauma training in civilian centers, simultaneously addressing the civilian nurse shortage. The integration of doctors posed more challenges due to contract complexities. The discussion with General Wilson focused on integrating military nurses, PAs, and APPs into civilian trauma systems. The University of Alabama's program was mentioned as a potential template to guide MAG MRCs efforts.

The Commission agreed that further meetings with military representatives should be arranged to explore the potential for a formal partnership. Liz Atkins will help identify the right people for these discussions, and MAG MRC will facilitate and coordinate the meeting and its next steps.

At the end of the report, Dr. Harvey discussed incorporating a new virtual training module designed to enhance safety procedures when evacuating patients from disaster areas using helicopters. This training includes a virtual platform where participants can experience and manage the challenges of helicopter landings, such as disorientation and dangers associated with proximity to the aircraft. A demonstration was available after the meeting for anyone interested.

#### **ADJOURNMENT (03:35:28)**

Dr. Ashley expressed gratitude for the hard work of our Committees, system partners, and staff. No new business items were raised or submitted. Dr. Ashley requested a motion to adjourn.

#### **MOTION GTCNC 2024-08-04:**

#### **Motion to adjourn**

**MOTION BY:** James Smith

**SECOND BY:** S. Rob Todd

**VOTING:** All members are in favor of the motion.

**ACTION:** The motion **PASSED** with no objections nor abstentions.

## SUMMARY OF ACTION ITEMS

- Dr. Ashley will be reassessing GTC Committee appointments. If a Commission member wishes to join or withdraw from a Committee, please let him know.
- Crystal Shelnutt will develop a streamlined reporting process for Stop the Bleed kit usage and saves.
- Crystal Shelnutt will submit a budget proposal to the Finance and Budget committee for sustaining the Stop the Bleed program.
- The Commission approved the FY2026 working draft budget, pg. 67
- Dr. Smith inquired how many Super Speeder fines were paid by Georgia residents. Katie confirmed she could find out.
- Dr. Ashley requested Terry and Courtney to ask the EMS Committee if there are any gaps in educational courses, if they are offered in suitable locations, and if they provide what the workforce wants. The EMS Committee and RTAC coordinators to collaborate on developing the educational needs assessment survey.
- Dr. Ashley suggested surveying the state to better understand the needs of EMS providers and requested that Dr. Regina Medeiros, Dr. S. Rob Todd, Terry Cobb, Courtney Terwilliger, Natalie Lee, and Crystal Shelnutt meet to refine the educational needs assessment and determine the next steps to present at the next Commission meeting.
- Dr. Todd inquired if any other states have a similar EMS education program, and reviewing how many out-of-state students are taking GTC-funded courses would be interesting. Crystal confirmed she could find out that information.
- Lynn Grant proposed a funding request on behalf of the Georgia Committee for Trauma Excellence to cover the expense of printing the Pediatric Transfer Toolkit and associated posters for dissemination to non-trauma facilities. Dr. Medeiros requested a detailed proposal for the Budget and Finance Committee review, including the costs and distribution plans.
- Dr. Ashley requested their project team share the Region 5 and Region 9 time to definitive care data collection template with Dr. Regina Medeiros.
- Dr. Vox will add questions about physiatrist availability to the rehabilitation resource survey.
- Dr. Vassy will finalize and submit the Trauma Medical Directors Committee position letter on needle decompression to EMSDAC. Richard Rhodes offered to connect Dr. Vassy with Dr. Nix, who recommended updating the needle decompression approach. Dr. Ashley suggested improved communication and collaboration between the Trauma Medical Directors Committee and the EMSMDAC, especially when working on overlapping issues. A liaison between the two Committees was discussed to ensure relevant information is shared effectively.
- Dr. Ashley requested the Budget Committee and Crystal Shelnutt, with the RTAC perspective, to come up with five potential projects, one to two long-term and a couple of short-term wins, and bring them back to the November Commission meeting to discuss. The Foundation can then take it back to the board to see if those recommendations are feasible.
- The Commission approved implementing the Michigan risk-adjusted model within 30 days into the GQIP system. Dr. Ashley noted that with the motion, GQIP can determine the timeframe and funds needed to implement the model.
- Liz Atkins will help Dr. Harvey identify stakeholders to help develop the initiative that combines medical training for civilian trauma centers and military personnel. MAG MRC will facilitate the meetings.

*Minutes Respectfully Submitted by Gabriela Saye*